

**PETITION FOR SUPPORT (CIVIL)**

Commonwealth of Virginia VA. CODE § 16.1-241(A) (3), 16.1-278.15

CASE NO.:

DCSE NO.:

CASE NUMBERDCSE NUMBERCourt of Jurisdiction Juvenile & Domestic Relations District Court

Petitioner's Name

v

Respondent's Name

PETITIONER

RESPONDENT

Residential Street Address

City, State Zip Code

RESIDENTIAL ADDRESS

Residential Street Address

City, State Zip Code

MAILING ADDRESS IF DIFFERENT

Social Security Number: Social Security NumberDriver's License No.: Driver's License NumberDriver's License State: StateTelephone (H) Home Number  
Number:(W) Work NumberDate of Birth: Date of Birth

Employer

Employer

Employer's Address

City, State Zip Code

Residential Street Address

City, State Zip Code

RESIDENTIAL ADDRESS

Residential Street Address

City, State Zip Code

MAILING ADDRESS IF DIFFERENT

Social Security Number: Social Security NumberDriver's License No.: Driver's License NumberDriver's License State: State

Telephone Number (H) Home Number

(W) Work NumberDate of Birth: Date of Birth

Employer

Employer

Employer's Address

City, State Zip Code

☐ Petitioner's address not to be disclosed.

The undersigned Petitioner respectfully represent to the Court:

1. ☐ That the parties have never been married☐ That there is a court order adjudicating the paternity of one or more of the subjects of this petition. If so, attach a copy of the order.☐ That the respondent and petitioner were lawfully married Marriage Date in, City/County and State  
on☐ That the petitioner and respondent were divorced on. Divorce Date in, City/County and State☐ Divorce pending in City/County and State2. ☐ That child custody has been adjudicated. If so, attach a copy of the order.☐ That an order concerning the support of the person(s) for whom support is sought in this petition has been entered.  
(Attach most recent court order.)☐ That no other case for support for the below-named person(s) has been filed in any other court.

3. That the respondent has a legal duty to provide support and maintenance for the following persons:

<input type="checkbox"/>	Name	Social Security Number	Date of Birth	Relationship to Respondent
<input type="checkbox"/>	<u>Child's Name</u>	<u>Child's SSN</u>	<u>Child's Date of Birth</u>	<u>Relationship to Respondent</u>
<input type="checkbox"/>	<u>Name of Child</u>	<u>Child's SSN</u>	<u>Child's Date of Birth</u>	<u>Relationship to Respondent</u>
<input type="checkbox"/>	<u>Name of Child</u>	<u>Child's SSN</u>	<u>Child's Date of Birth</u>	<u>Relationship to Respondent</u>
<input type="checkbox"/>	<u>Name of Child</u>	<u>Child's SSN</u>	<u>Child's Date of Birth</u>	<u>Relationship to Respondent</u>

who resides at petitioner's address ☐ Other Address if Different from Petitioner's☐4. Division of Child Support Enforcement ☐ is ☐ is not involved in this case.

5. That support of the named persons who are the subject(s) of this petition is a subject of controversy or requires determination because:

Subject of Controversy or Requires Determination Because:

6. A license, certificate, registration or other authorization to engage in a profession, business, trade or other occupation issued by the Commonwealth of Virginia is held by:

<input type="checkbox"/> Respondent	<b>TYPE OF LICENSE</b> Type of License	<b>AGENCY GRANTING LICENSE</b> Agency Granting License	<b>LICENSE NO.</b> License No.
<input type="checkbox"/> Petitioner	Type of License	Agency Granting License	License No.

7. A Protective Order is currently in effect against the Respondent. ☐ Yes ☐ No. If yes, give name of court issuing the order, state and expiration date.

<u>Court Issuing Order</u>	<u>State</u>	<u>Expiration Date</u>
COURT ISSUING ORDER	STATE	EXPIRATION DATE

<u>Person(s) Protected by the Order</u>
PERSON(S) PROTECTED BY THE ORDER

The petitioner therefore prays that proper process be issued directing the respondent to appear and answer this petition in Court, and that the Court

A. ☐ Make a finding in its Order that the Respondent is the parent of the children named in this petition (paternity has not been previously established).

<u>Mother's Name</u>	<u>Mother's Social Security</u>	<u>Mother's Maiden Name</u>
MOTHER	SSN	MAIDEN NAME
<u>Father's Name</u>	<u>Father's Social Security</u>	
FATHER	SSN	

B. ☐ Order the Respondent to furnish support as follows.

☐ Child support per guidelines

☐ Child support in the amount of Amount per Time Period.

\$

☐ Spousal support in the amount of \$ Amount per Time Period.

☐ Combined child and spousal support in the amount of \$ Amount per Time Period

☐ Continuing support for a child who is (i) severely and permanently mentally and physically disable;  
(ii) unable to live independently and support himself and (iii) resides in the home of the parent  
(iii) seeking support.

C. Enter an order or require the Respondent to enter into an agreement creating a wage assignment or payroll deduction to enforce any orders entered in the cases as the responding court deems appropriate.

D. Order that all payments be made

☐ directly to the payee

☐ to or through the Virginia Department of Social Services or its contractors.

E. ☐ Provide in the order that Respondent furnishes health insurance coverage, including dental and ophthalmologic (eye-related) services, if available, for the dependents and for delivery of the documents necessary for the use of such coverage to the dependents.

F. ☐ Require the Respondent to post a performance bond.

G. Any Other Information

Petition further requests the granting of such other and further relief as the law provides.

<u>Date Petition Was Endorsed</u>	<u>PETITIONER</u>
DATE	

The Petitioner appeared this date before the undersigned and, upon being duly sworn, made oath that the facts stated in the foregoing petition are true based on the Petitioner's knowledge.

<u>Date Sworn Before</u>	<input type="checkbox"/> CLERK <input type="checkbox"/> INTAKE OFFICER	Expire Date: _____
DATE	<input type="checkbox"/> NOTARY PUBLIC (MY COMMISSION EXPIRES)	